

# Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

## AACE

American Association of  
Clinical Endocrinologists  
Ohio River Regional Chapter

## ADA

American Diabetes  
Association

## DECA

Diabetes Educators  
Cincinnati Area

## GLADE

Greater Louisville Association  
of Diabetes Educators

## JDRF

Juvenile Diabetes Research  
Foundation International

## KADE

Kentucky Association of  
Diabetes Educators

## KEC

Kentuckiana Endocrine Club

## KDN

Kentucky Diabetes  
Network, Inc.

## KDPCP

Kentucky Diabetes Prevention  
and Control Program

## TRADE

Tri-State Association of  
Diabetes Educators

## A Message from Kentucky Diabetes Partners

### GROUP LEADS KENTUCKY: *DECLARES DIABETES A CRISIS OF EPIDEMIC PROPORTIONS*

*Submitted by: Ralph B. Davis, Floyd  
County Times KY*

**PRESTONSBURG —**  
A local health group is sounding the alarm regarding skyrocketing rates of diabetes in the region.

Members of the Tri-County Diabetes Partnership (TCDP) unanimously approved a declaration Friday, stating that the incidence of diabetes in the Big Sandy region is a “crisis of epidemic proportions.”

Members of the group said the dire language is appropriate, given the circumstances.

“If the Centers for Disease Control and Prevention saw a similar increase in any other illness, they would probably declare a national emergency,” said J.D. Miller, vice president of medical affairs for Appalachian Regional Healthcare,



*Photo Above: Members of the Tri-County Diabetes Partnership discuss the rampant growth of diabetes in Floyd, Johnson and Magoffin counties. At the end of the discussion, the group declared diabetes “a crisis of epidemic proportions” in the region.*

who chaired Friday’s meeting at the administrative offices of Big Sandy Health Care.

Miller said the incidence of diabetes in Floyd, Johnson and Magoffin counties, which the TCDP serves, began skyrocketing around 1995. Currently, the prevalence of diabetes is 14 percent in Johnson and Magoffin counties and 10 percent in Floyd County, while the (Continued on Page 2)

**THE RELATIONSHIP BETWEEN DIABETES AND CANCER P. 3      AND MORE!**  
**DIABETES IN KY SCHOOLS: UPDATE ON INSULIN DELEGATION ISSUES P. 4**  
**DIABETES MEDICATION UPDATE: MYTHS ABOUT DIABETES MANAGEMENT P. 5**  
**KY SURVEY INPUT NEEDED / 2013 STATE HEALTH ASSESSMENT AVAILABLE P. 7**

## GROUP LEADS KENTUCKY

(CONTINUED FROM PAGE 1)

*Article continued from page 1 —*

statewide average is between 7.8 to 8.8 percent.

But while the incidence of diabetes is significantly higher in the region, members of TCDP agreed the problem has not received the public attention it deserves.

“I think this is a significant step this group is taking, and hopefully this will draw more attention to this issue,” Miller said.

Deirdra Robinson, a social work instructor with Morehead State University who serves as project coordinator for TCDP, agreed that there is a need to heighten public attention to the problem of widespread diabetes.

“The reason we chose to do this today is to put our communities on notice, because awareness is an issue,” Robinson said.

Floyd County Health Department Director, Thursa Sloan, said that her agency’s free health fair for the uninsured last week revealed that many people are not aware that they have diabetes or are on the verge of it. She said 12 percent of those who were given an A1C test, which provides an average of blood glucose control over the previous three months, were found to have Type 2 diabetes.

TCDP is an offshoot of the Friedell Committee for Health System Transformation. It includes health professionals and community representatives who gather on a quarterly basis to share information and swap strategies for dealing with the disease.

Next up for TCDP is the development of a strategic plan to address the problem. Robinson said such a plan will likely include recommending specific activities to reduce the incidence of diabetes, educate the public about community and personal responsibility for the disease, and increased screening to identify people who have diabetes or pre-diabetes without knowing it. Also during Friday’s meeting, the group agreed to seek grant funding to provide A1C tests to every adult in the region over the age of 40.

In the past year, the group also spearheaded an effort to implement the YMCA Diabetes Prevention Program for a group of adults over the age of 55.

Robinson said that effort was notable for two reasons: It

was the first time the program had been used at a non-YMCA site, and everyone who participated in the program saw significant weight loss and improved A1C scores.

Robinson remains optimistic that sustained attention to the problem can achieve a positive result, region-wide.

“We have the resources in this community to fix this problem,” Robinson said.

### FIRST TEEN HEALTH LEAGUE FORMED TO HELP COMBAT POOR HEALTH

When it comes to imparting lessons about health to teenagers, Floyd County Health Department Director Thursa Sloan says, while there are many methods that work, she is absolutely certain of one that doesn’t: Lectures from adults.

“Who’s going to listen to us talking about diabetes?” Sloan said. “Kids are going to listen to other kids.”

And it was from that single thought that Sloan said a new tool for combating Floyd County’s poor health was borne. The Jane Bond Teen Health League is getting its start this summer, providing local high school students with both a summer job and lessons about health that organizers hope they take back to their peers.

Named for longtime health educator Jane Bond, who died of cancer in 2011, Sloan said the teen league is intended to open a new front in the battle for better health, by enlisting youth to carry the message.

*The Teen Health League is sponsored by the Floyd County Health Department, Highlands Regional Medical Center, Physicians After Hours, and St. Joseph - Martin Hospital.*



*The Jane Bond Teen Health League includes, front row, Elizabeth Campbell, Ashleigh Hayton, C. Jay Ousley, Brooke Hatfield, Jordan Bishop, Jordan Carrol, Rebekah Tackett and Kaylee Collins. Joining them in the photo are mentors and sponsors Thursa Sloan, director of Floyd County Health Department; Melissa Vance, of Highlands Regional Medical Center; Lynn Slone, manager of Physicians After Hours; Dr. Charles Arnett, Floyd County Health Department; Maxanna Cook, Highlands Regional Medical Center; and Kathy Stumbo, Saint Joseph - Martin.*



# THE RELATIONSHIP BETWEEN DIABETES AND CANCER



Jennifer Redmond,  
DrPH

*Submitted by Jennifer Redmond, DrPH,  
University of Kentucky College of Public Health  
and the Kentucky Cancer Consortium*

In 2010, 370,000 Kentuckians were living with diabetes and 125,640 Kentuckians were cancer survivors.\*<sup>1,2</sup> There has been increasing momentum over the past few years to find ways to coordinate efforts in KY across chronic diseases. New evidence provides

support for working together to reduce both diabetes and cancer, as the relationship between the two diseases is explored.

## Why would diabetes increase the risk for certain cancers?

- High blood levels of insulin, also known as hyperinsulinemia, have been shown to increase the growth of cancer cells in animal studies.<sup>3</sup>

## What types of cancer have been associated with diabetes? <sup>3,4</sup>

- Diabetes may **increase** the risk of the following cancers:
  - Pancreatic
  - Liver
  - Endometrial and Uterine
  - Colon
  - Breast
  - Bladder
  - Renal cell
  - Non-Hodgkin's lymphoma
- Diabetes may **decrease** the risk of the following cancer:
  - Prostate

## Do diabetes and cancer share any of the same risk factors? <sup>4</sup>

- Yes! There are several risk factors common to both diseases including:
  - Age – older age
  - Gender – being male
  - Race/Ethnicity – African Americans are at a higher risk for both cancer and diabetes
  - Weight – overweight

- Nutrition – diet high in sugar and calories and low in vegetables and low-sugar fruits
- Physical inactivity
- Smoking
- Alcohol – more than one drink/day for women and two drinks/day for men

## Do diabetes treatments influence cancer risk?

- Researchers have had a difficult time determining the link between some diabetes drugs and cancer risk because associations may be confounded by other risk factors such as body weight and high blood insulin levels.<sup>5</sup>
- Although more evidence is needed, researchers have found that:
  - Higher risk of cancer has been associated with exogenous insulin.<sup>5</sup>
  - Lower risk of cancer has been associated with metformin.<sup>1,5</sup>
- Cancer risk should only be a factor in determining diabetes drugs if the patient has a very high risk of developing cancer or a reoccurrence of cancer.<sup>5</sup>

## What if I want to get involved in working collaboratively on diabetes and cancer?

- Several groups and organizations have been working together in Kentucky to develop a new plan known as the “Unbridled Health: A Plan for Coordinated Chronic Disease Prevention and Health Promotion.”
- If you would like to learn more about how to get involved, please contact Bonita Bobo at [BonitaA.bobo@ky.gov](mailto:BonitaA.bobo@ky.gov).

\* These cancer survivors were diagnosed between 1995 and 2007.

### References:

1. Mayo Clinic. Diabetes and cancer. Available at: <http://www.mayoclinic.org/medicalprofs/diabetes-and-cancer.html>. Accessed May 31, 2013.
2. Kentucky Cancer Registry. Age-Adjusted Cancer Incidence Rates in Kentucky, All Sites, 2010. 2010. Available at: <http://cancer-rates.info/ky/index.php>.
3. Volkmer N. Diabetes and Cancer: Scientists Search for a Possible Link. Available at: <http://jnci.oxfordjournals.org/content/92/3/192.full>. Accessed May 31, 2013.
4. American Diabetes Association. Diabetes and Cancer - American Diabetes Association. Available at: <http://www.diabetes.org/diabetes-basics/prevention/checkup-america/diabetes-and-cancer.html>. Accessed May 31, 2013.
5. Giovannucci E, Harlan DM, Archer MC, et al. Experts Explore Emerging Evidence Linking Diabetes and Cancer - American Diabetes Association. Available at: <http://www.diabetes.org/for-media/2010/experts-explore-emerging-evidence-linking-diabetes-and-cancer.html>. Accessed May 31, 2013.

# DIABETES IN KY SCHOOLS — UPDATE ON INSULIN DELEGATION

PROMOTING SAFETY AND FAIRNESS FOR CHILDREN WITH DIABETES



Jim McGowan

*Submitted by: Jim McGowan, formerly Midwest State Advocacy Director for the American Diabetes Association*

As discussed in previous issues of this newsletter, the Kentucky Board of Nursing has been considering a new regulation which would allow school nurses to delegate the administration of insulin to non-medical personnel. This regulation came about through a collaboration between the KY Board of Nursing and the American Diabetes Association.

**I am pleased to report that on June 13, after receiving extensive public comment, the board voted to pass the regulation and send it on to the Administrative Review Subcommittee of the Kentucky Legislature. That subcommittee will review the new regulation on July 9. The subcommittee action on this regulation will mark the final step in its adoption.**

At the last KDN meeting, I mentioned that the American Diabetes Association will be sending out an action alert in early July, asking you to contact the members of the Administrative Review Subcommittee to urge adoption of the regulation as passed by the Board of Nursing. If you have previously signed up as an advocate at [www.diabetes.org/advocate](http://www.diabetes.org/advocate), you will receive the alert. If you have not yet signed up, please do so, so that you will receive this and future diabetes alerts.

The American Diabetes Association strongly supports this new regulation, because it will represent a safer and more reasonable approach to diabetes care than what currently exists in Kentucky schools. For too long, Kentucky schoolchildren with diabetes have been subjected to discriminatory practices, which include being transferred to another school or forcing a parent to come to the school to administer insulin.

The new regulation will mean that school personnel who volunteer and are trained will be able to assist in the administration of insulin. This approach to diabetes care has been endorsed by the National Diabetes Education Program and by numerous medical organizations including the American Diabetes Association. The American Diabetes Association provides free training materials for school personnel who assist with diabetes care.

**During the public comment period, I became aware of the fact that there has been considerable misinformation disseminated about the new regulation. I'd like to make it clear that the regulation requires that before delegation can occur, a diabetes management plan, written by the students medical provider, must be submitted to the school. No school personnel will be forced to administer insulin. This process relies on willing volunteers who are deemed capable**

**of being delegated to by the school nurse. From our experience in other states, finding willing volunteer school personnel has never been a problem when the request is made.**

Finally, I would like to thank you all for your strong support of our efforts over this past year to pass this regulation. The American Diabetes Association is looking forward to working with the Board of Nursing in the implementation of this regulation. Similar protocols are now in place in over 26 states and upon passage in Kentucky, schoolchildren with diabetes will be much safer at school.

To learn more about the ADA's Safe at School program, please visit [www.diabetes.org/safeatschool](http://www.diabetes.org/safeatschool).

## TRADE WORKSHOP A BIG SUCCESS!

**OVER 80 PROFESSIONALS ATTENDED THE 29TH ANNUAL TRADE WORKSHOP HELD ON APRIL 26TH AT OWENSBORO HEALTH (FORMERLY OWENSBORO MEDICAL HEALTH SYSTEM) IN OWENSBORO, KY.**

### PRESENTERS / DOCUMENTARIES INCLUDED:

**Connie White, MD, MS, FACOG**, Deputy Commissioner of Health, Kentucky Department for Public Health, Frankfort, KY

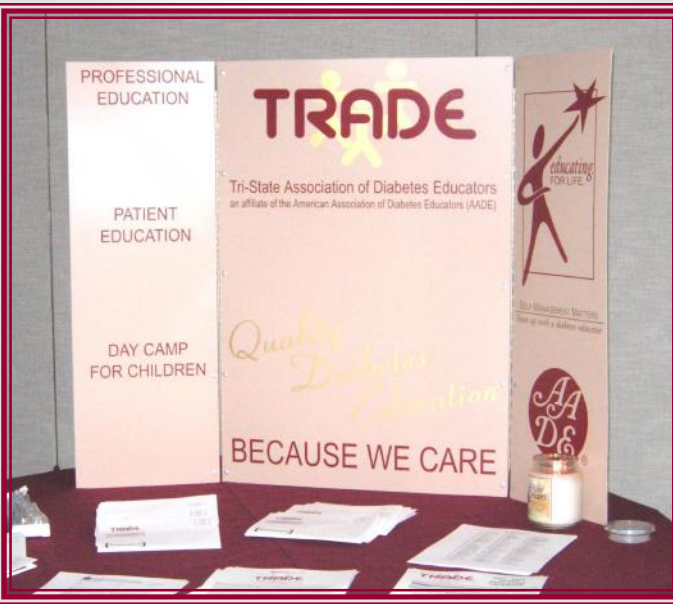
**Deborah Fillman, MS, RD, LD, CDE**, Past President of the American Association of Diabetes Educators (AADE), Director of Green River District Health Department, Owensboro, KY

**Jim McGowan, BA**, State Advocacy Director for the American Diabetes Association (ADA), Saint Paul, MN

**Al Mattingly, BA**, Daviess County Judge Executive, Daviess County Fiscal Court Owensboro, KY

**Brad Schneider, BS**, President, Henderson - Henderson County Chamber of Commerce, Henderson, KY

**HBO Weight of the Nation Documentaries:** Choices; Children in Crisis; Challenges





# DIABETES MEDICATION UPDATE

## MYTHS ABOUT DIABETES MANAGEMENT

In this month's column, we discuss common myths and misconceptions that patients (and sometimes health care providers) have about the management of diabetes.



Virginia Fields  
PharmD

### Myth: All patients with diabetes should test their blood sugar daily.

Patients taking oral medications for management of diabetes only need to monitor their blood sugar two to three times per week. Testing more often than needed is expensive, decreases quality of life and has not been shown to achieve significant difference in A1c outcomes<sup>1</sup>.

Of course, if patients notice that their blood sugar is running high or low, or if they have symptoms of hypo or hyperglycemia, they should discuss the issue with their pharmacist or health care provider. A change in oral medications may be warranted.

### Myth: Patients should disinfect their fingertips with an alcohol wipe before testing their blood sugar.

Rubbing alcohol does very little to decrease bacterial burden on the skin surface due to limited contact time. It can also cause increased pain, delay wound closure, and remove essential oils that can toughen the skin. Instead, instruct patients to wash hands thoroughly with soap and water for at least 30 seconds prior to testing.

### Myth: It is acceptable for patients to reuse lancets and syringes to save money on testing supplies.

Although there are some benefits to reusing lancets and syringes (convenience, decreased cost, less waste) there are some risks that must be considered. Even after a single use, the surface of the lancet/syringe is rougher, the manufacturer's lubricant has worn off and the point is duller. This can result in discomfort and possible scarring. Also, after a single use, the manufacturer can no longer guarantee sterility, which can open doors for possible infections and hard-to-heal wounds. The American Diabetes Association recommends that patients use a new lancet or syringe each time. Health care providers should point out to patients that the cost savings from reusing lancets and syringes is very minor when compared to the more costly components of diabetes management (insulin and test strips, for instance). If patients do decide to reuse these products, advise them to cap their syringe / lancet device after use and only touch to clean skin and insulin tops. Keep in mind that cleaning the surface of insulin vials with rubbing alcohol will further reduce the manufacturer's lubricant coating on the syringe.

### Myth: Insulin should always be stored in the refrigerator until right before it is injected.

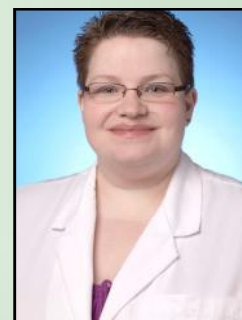
Some patients find that room temperature insulin is more comfortable to inject. Most insulin products can remain safely outside of the refrigerator for up to 28 days, some even up to 42 days. Patients should check the drug information sheet that comes with their insulin, or ask their pharmacist to look it up for them. A good practice is to keep all unused bottles of insulin stored in the refrigerator, and when a bottle is removed for use, label it with the date so the patient knows when it should be discarded. Remember, insulin still needs to be protected from temperature extremes, so if patients plan to take their insulin into an environment that is outside the norms of room temperature, they will need to plan accordingly for medication storage.

### Myth: Every patient with diabetes needs to be on an ACE inhibitor for kidney protection and a daily aspirin for prevention.

ACE inhibitors are first line therapy for patients with diabetes and hypertension. The ADA's 2013 update recommends a goal blood pressure of < 140/80 for patients with diabetes and hypertension. Previously, the goal was < 130/80, and this target may still be appropriate for some patients. For patients who do not have elevated blood pressure, but have microalbuminuria (30—299 mg/day), the ADA recommends the use of an ACE inhibitor or ARB to reduce the progression of nephropathy. For other patients with diabetes, the best way to lower the risk of nephropathy is to optimize glucose control. Daily aspirin therapy is also **not** recommended for all patients. It should be recommended for primary prevention for patients with increased cardiovascular risk. This includes most men aged 50 and older and women older than 60 who have at least one additional risk factor (family history of CVD, hypertension, smoking, dyslipidemia or albuminuria). In lower risk patients, the potential adverse effects from bleeding typically offset the possible benefits of aspirin therapy.

Virginia Fields is Associate Consolidated Mail Outpatient Pharmacy (CMOP) Director at the Lexington Veterans Affairs Medical Center.

Sarah M. Lawrence, the developer of this column, is a community pharmacist and Adjunct Assistant Professor at Spalding University School of Nursing where she teaches pharmacology.



Sarah M. Lawrence  
PharmD, MA

### References

Simon J, Gray A, Clarke P, et al; Diabetes Glycaemic Education and Monitoring Trial Group. Cost effectiveness of self monitoring of blood glucose in patients with non-insulin treated type 2 diabetes: Economic evaluation of data from the DiGEM trial. *BMJ*. 2008;336:1177–1180.  
ADA Standards of Medical Care in Diabetes (2013): [http://care.diabetesjournals.org/content/36/Supplement\\_1/S11.full](http://care.diabetesjournals.org/content/36/Supplement_1/S11.full)

# TYPE 2 DIABETES PREVENTION —

## IT TAKES A PARTNERSHIP TO BRING THE COMMUNITY TOGETHER

*Submitted by: Melissa Ross, RN, BSN, Center for Health and Wellness, Murray, KY, Amy Ferguson, RD, LD, Calloway County Health Department, and DeAnna Leonard, RN, BSN, Purchase Area Diabetes Connection*

Diabetes is becoming more evident in every community, yet there are many who remain unaware of their own rising blood sugars and the dangers that this imposes. In an effort to create awareness, the Purchase Area Diabetes Connection partnered with Murray Calloway County Hospital and Calloway County Health Department in Murray, KY to provide a **Diabetes Awareness and Type 2 Prevention Screening** event on March 16<sup>th</sup>.

The event was held from 8a-10a. Eighty participants took advantage of the free screenings provided by MCCH Wellness Works. Screenings included a blood draw for glucose, A1C, and a full lipid panel. In addition, screening participants underwent blood pressure, BMI, and waist circumference screenings.

Participants were also encouraged to take part in a health fair that was designed to complement the free screenings by illustrating type 2 diabetes prevention and control strategies. Over one hundred participants visited the various stations, designed to highlight key aspects of diabetes awareness, prevention, and control which were staged throughout the waiting area.

All too often individuals neglect to plan for their snacking needs. Unfortunately, for most, this tendency results in poor food choices and an “empty calorie” overload. Amanda Diel, RN and Sandy West, RD, both members of the Purchase Area Diabetes Connection, spent the morning teaching participants planning strategies by letting them make their own healthy trail mix and showing examples of healthier snack options.



*Amanda Diel, RN, pictured above, assisted participants in choosing trail mix items to make their own healthy snack.*

To emphasize the importance of exercise with type 2 diabetes prevention, Dereck Chavis, Exercise Specialist from the Stuart Poston Center for Health and Wellness, was on hand to show participants a few simple cardio and resistance exercises that can be easily managed at home. Participants were encouraged to take part in his hands-on demonstrations and many found it hard to resist.

Portion Distortion, another frequent contributor in many increased health risks, was addressed in an interactive game hosted by DeAnna Leonard, RN and Julie Muscarella, RD. Both members of the Purchase Area Diabetes Connection, Julie and DeAnna engaged participants by having them spin the “Wheel of Portions”. This interesting format was used to provide information on sugary drinks and portion sizes.



*DeAnna Leonard, pictured left, and Julie Muscarella, pictured right, with their “Wheel of Portions” spinner board assisted over 100 attendees become more aware of healthy portion sizes.*

The health fair also included many community partners. Representatives from the Angels Community Clinic, Coventry House, Kentucky Cancer Program, Pancreatic Cancer Action Network, and Murray Medical Associates were onsite to provide information to participants. Murray-Calloway County Hospital Home Care, Bariatric Solutions and Nutrition departments were also on hand to provide information.

Although most participants came from the Murray area, one came from as far away as Cairo, Illinois. **Overall, the day was a great success!**

### Screening Test Results

The eighty participants who went through the screenings ranged in age from 13 to 93, with an average age of 59. In a self-report, 82% reported no previous history of pre-diabetes while 54% reported no previous history of diabetes.



## TYPE 2 DIABETES PREVENTION CONTINUED...

Thirty percent (30%) of the participants who were screened had A1C levels in the lowest risk range. A not so surprising 52% fell into the 5.7 to 6.4% range, which indicates pre-diabetes. The remaining 18% exhibited A1C results of 6.5 or greater, which is the range used to define diabetes.

Of the forty-two participants whose results were in the 5.7 to 6.4% A1C range, 81% reported no previous history of pre-diabetes and 64% reported no previous history of diabetes. These participants were the target audience for the event. Their ages ranged from 21 to 88 and the average age was 60. This group also exhibited moderate to high risk results in the areas of Body Mass Index, waist circumference, and blood pressure.

Information about an upcoming diabetes learning session offered by the Calloway County Health Department was distributed to attendees and 6 people from the screening attended.

The goal of the screening event was to identify individuals at an increased risk for diabetes and to offer information about how to combat the disease. **The number of participants yielding high risk results may seem daunting, but it proves that our work in creating diabetes awareness and fostering type 2 prevention is only just now beginning.**

Diabetes is no longer isolated to individuals; rather, it is a community-wide problem whose causative factors must be addressed on a community-wide level. For significant impact to be realized, community partners must continue to pull together and pool resources and knowledge by continuing to engage the community through events like the one hosted by Murray-Calloway County Hospital in partnership with Calloway County Health Department and the Purchase Area Diabetes Connection on March 16.



*Sandy West, RD, is pictured above with a display used to highlight super snacks that can replace higher calorie ones.*



**Kentucky Public Health**  
Prevent. Promote. Protect.

Identifying Issues and Strategies for a State Health Improvement Plan

## KY SURVEY INPUT NEEDED

*NEW 2013 KY STATE HEALTH ASSESSMENT  
NOW AVAILABLE*

*Submitted by: Jim Rousey, MHA, Center for Performance  
Management, Kentucky Department for Public Health*

As key partners in the effort to improve Kentucky's health, we need your help to identify priorities that will be incorporated into a State Health Improvement Plan (SHIP). Please take 10-15 minutes to complete a survey to identify Kentucky's health priorities. The survey may be accessed until the end of July at:

<http://www.surveymonkey.com/s/8NQDHSD>

The Kentucky Department for Public Health (KDPH) will be applying for Public Health Accreditation in 2014. Implementing a state health improvement plan (SHIP) is a requirement of this accreditation. The SHIP is a long-term, systematic plan that focuses on approximately 5 to 7 priorities to improve the health status of all Kentuckians. The time is right to look at Kentucky's health statistics and make a positive change for our future.

We appreciate your input on this very important initiative towards a healthier commonwealth and encourage you to share the survey with other partners.

## State Health Assessment

A Compilation on Health Status



**Kentucky Public Health**  
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Kentucky Department for Public Health  
Cabinet for Health and Family Services  
275 East Main Street  
Frankfort, Kentucky 40621

**2013**

Also a new 2013 KY State Health Assessment, a composite of data describing our state's health status, is now available. This document provides a snapshot of current health issues facing Kentucky and its citizens. The link to view the document is: <http://chfs.ky.gov/dph/CenterforPerformance-Management.htm> (see box in the upper rt. corner).

# KY COORDINATING BODY (CB) REPORT



Vanessa Paddy

*Submitted by: Vanessa Paddy, MSN, APRN, Secretary of the Kentucky Coordinating Body (CB) of the American Association of Diabetes Educators (AADE)*

The KY Coordinating Body (CB) members continue to be actively monitoring activities related to Kentucky Licensure for Diabetes Educators. CB members have attended monthly meetings of the KY Board of Licensed

Diabetes Educators (KBLDE) to stay abreast of actions taken in relation to diabetes licensure in our state. HB 366 was passed and signed by Governor Beshear. Now the Board must submit regulations addressing the legislation.

The KBLDE met with Dave Nicholas of the Legislative Research Commission in April to discuss the regulatory process and to seek clarification of the exemption clause set forth in the law. This exemption currently states:

*(2) Nothing in KRS 309.325 to 309.339 shall apply to persons licensed, certified, or registered under any other provision of the Kentucky Revised Statutes, including but not limited to physicians, nurses, pharmacists, dietitians, and nutritionists or students in accredited training programs in those professions, and nothing in KRS 309.325 to 309.339 shall be construed to limit, interfere with, or restrict the practice, descriptions of services, or manner in which they hold themselves out to the public.*

*(3) Nothing in KRS 309.325 to 309.339 shall be construed to alter, amend, or interfere with the practice of those who provide health care services, including but not limited to physicians, nurses, pharmacists, dietitians, and nutritionists.*

**Mr. Nicholas interpreted this law to mean "Being exempt allows these licensed professionals to engage in the "practice of diabetes education" ...without having to hold a license as a "Licensed Diabetes Educator." What these other professionals cannot do under this law is refer to themselves as a "Licensed Diabetes Educator / LDE" unless they hold one of the credentials established within the diabetes educator licensure law — KRS 309.335(1)(b) 1-3, file an application, and pay the required fee.**

This interpretation was discussed with the KBLDE and suggestions were made to assist the board in regulating licensure in the presence of this exemption.

Additional actions of the board include expediting other regulations to include fees, supervision, and to address the "grandfather clause", which is listed next:

**"Until May 1, 2014 ... individuals who have practiced diabetes education for a minimum of one thousand (1,000) hours per year for the past three (3) years, but are not currently credentialed by the American Association of Diabetes Educators as a board-certified advanced diabetes manager or by the National Certification Board for Diabetes Educators as a certified diabetes educator, may apply to the board for licensure as a diabetes educator by submitting the initial licensure fee and proof of employment, in order to continue to practice diabetes education, as defined by KRS 309.325(2)."**

Because of the expiration date of this "grandfather clause", the Board must act quickly to regulate this element of the law.

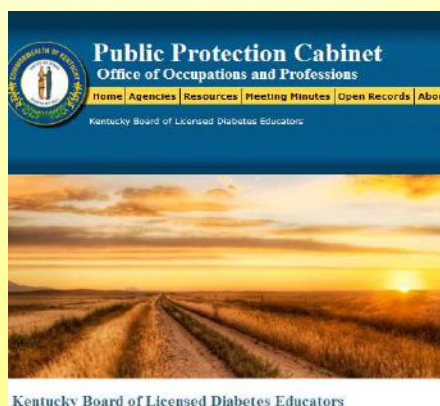
## URGENT NEW INFORMATION

**NEW REGULATIONS related to KY DIABETES EDUCATOR LICENSURE may NOW be viewed at:**

**<http://www.lrc.state.ky.us/kar/title201.htm#chp045>** (posted at the bottom of screen under Chapter 45 Kentucky Board of Licensed Diabetes Educators).

- **The public hearing regarding these regulations will be held on July 30, 2013 from 10am - 12 noon.**
- **There will also be a Special Licensure Board Meeting July 30, 2013 from 1:00-4:30 P.M.**
- **The KBLDE website ( [bde.ky.gov](http://bde.ky.gov) ) has been updated with a new frequently asked questions "FAQ" document.**

Diabetes educators are encouraged to review regulations and follow instructions for giving written or public comment (at the hearing). To voice comments/concerns directly to the Board go to [bde.ky.gov](http://bde.ky.gov). You may also share concerns with the CB through Betty Bryan [bbryan@hnh.net](mailto:bbryan@hnh.net).



*If you have questions about KY Diabetes Educator Licensure, contact the Board directly via their webpage*

**[bde.ky.gov](http://bde.ky.gov).**



# KY COORDINATING BODY (CB) REPORT

## KY ADVOCATES GO TO WASHINGTON DC



### Other Activities of the Kentucky CB and KY Diabetes Educators

*Submitted by Betty Bryan, KY Coordinating Body (CB) Volunteer Leader*

On May 20-21, 2013, the American Association of Diabetes Educators (AADEs) Public Policy Forum was held in Washington DC and included over 100 visits with members of Congress to ask for support for H.R. 1274 and S. 945 (*H.R. 1274 and S.945 advocates for credentialed diabetes educators to be recognized as Medicare providers of diabetes self-management education / training*).

KY CB members, Betty Bryan and Maggie Beville were two of approximately 50 diabetes educators who attended the Forum, along with Tami Ross, current AADE President, and Kim DeCoste, who are also both from Kentucky.

Tami, Kim, Maggie, and Betty met with staff from Senators Mitch McConnell and Rand Paul's offices to discuss the benefits of Diabetes Self Management Education (DSME) and the role of the Certified Diabetes Educator (CDE).

**Maggie and Betty also met with Representative Brett Guthrie and had success as Representative Guthrie has now signed on as a co-sponsor of H. R. 1274, the Access to Quality Diabetes Education Act of 2013!**

If you have any questions regarding any of AADE's legislative efforts, please contact [advocacy@aadenet.org](mailto:advocacy@aadenet.org).

### Current Sponsors and Cosponsors as of 7-2-13 include:

#### H.R.1274

Access to Quality Diabetes Education Act of 2013

Sponsor: [Rep Whitfield, Ed](#) [KY-1] (introduced 3/19/2013)

#### Cosponsors

[Rep Burgess, Michael C.](#) [TX-26] - 6/18/2013

[Rep DeGette, Diana](#) [CO-1] - 3/19/2013

[Rep Guthrie, Brett](#) [KY-2] - 6/12/2013

[Rep McCollum, Betty](#) [MN-4] - 6/5/2013

[Rep McMorris Rodgers, Cathy](#) [WA-5] - 6/4/2013

[Rep Michaud, Michael H.](#) [ME-2] - 5/21/2013

[Rep Moran, James P.](#) [VA-8] - 5/21/2013

#### S.945

Access to Quality Diabetes Education Act of 2013

Sponsor: [Sen Shaheen, Jeanne](#) [NH] (introduced 5/14/2013)

#### Cosponsors

[Sen Begich, Mark](#) [AK] - 5/14/2013

[Sen Collins, Susan M.](#) [ME] - 5/14/2013

[Sen Donnelly, Joe](#) [IN] - 6/11/2013

[Sen Franken, Al](#) [MN] - 5/14/2013

[Sen Hagan, Kay](#) [NC] - 5/14/2013

[Sen Landrieu, Mary L.](#) [LA] - 5/16/2013

[Sen Tester, Jon](#) [MT] - 5/20/2013



*Kentucky Coordinating Body (CB) Leader Betty Bryan, left, and Maggie Beville, right, pictured with Representative Brett Guthrie, at the 2013 AADE Legislative Forum.*



*From left to right, Kentuckians Betty Bryan, Maggie Beville, Tami Ross, and Kim DeCoste pictured with Taylor Booth, Legislative Director for Rep. Ed Whitfield.*

*KY Coordinating Body (CB) members Betty Bryan, pictured far left in red, and Maggie Beville, sitting beside Betty, listen intently at the 2013 AADE legislative forum.*



*Kentuckian and 2013 AADE President, Tami Ross, pictured left, addresses attendees at the 2013 AADE Policy Forum held in Washington DC on May 21 and 22.*

## FREE DIABETES RESOURCES AVAILABLE ONLINE FOR LIMITED TIME

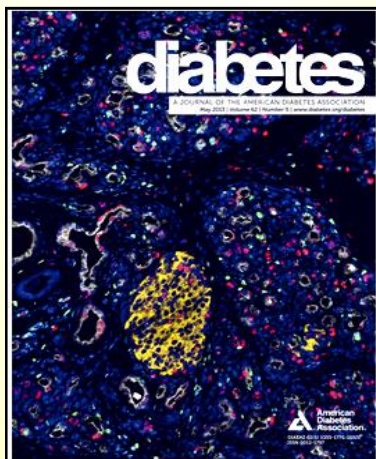
The American Diabetes Association recently announced free new online availability of their journal *Diabetes*. Before completion of this *Diabetes* project, PDFs were available online only for articles published in 2000 and later. Now, searchable PDF files of an additional 477 issues published between 1952 and 1999, comprising more than 8,500 articles and 60,000 pages of content, are accessible at:

<http://diabetes.diabetesjournals.org>.

ADA believes that making previously published *Diabetes* research available to readers will help advance future diabetes research.

The legacy content of *Diabetes* will be freely available until September 4, 2013. After September 4, content published before 2000 will be available only to institutional subscribers or to American Diabetes Association category 1 professional members who select a subscription to *Diabetes* as part of their membership package.

To learn how to become an Association professional member, please visit [professional.diabetes.org/mypro](http://professional.diabetes.org/mypro).



## U.S. PREVENTIVE HEALTH SERVICES RELEASES DRAFT GESTATIONAL DIABETES SCREENING RECOMMENDATIONS

The U.S. Preventive Services Task Force (USPSTF) posted at the end of May, 2013, its final evidence reports and draft recommendation statement on screening women for diabetes developed during pregnancy (gestational diabetes).

- **The Task Force recommends screening for gestational diabetes after 24 weeks of pregnancy in all women without symptoms of the condition. This is a “B” recommendation.**
- The Task Force also found that the current evidence is insufficient “I” to assess the balance of benefits and harms of screening for gestational diabetes **earlier** than 24 weeks of pregnancy. Therefore, the Task Force issued an “I” statement for this.

**Task Force member Wanda K. Nicholson, MD, MPH, MBA noted that there is good evidence that screening expectant mothers for gestational diabetes after 24 weeks provides a substantial benefit, with few to no harms, leading to healthier moms and babies.**

About 240,000 of the approximately 4 million women who give birth each year, or about 7 percent, develop gestational diabetes. The condition is on the rise, as obesity, older age during pregnancy, and other risk factors become more common among pregnant women.

Since 2008, when the Task Force last looked at the evidence on screening pregnant women for diabetes, data has emerged showing that there is an overall benefit to screening expectant mothers, including lowering the risk of preeclampsia, giving birth to overly large babies (macrosomia), and birth emergencies caused by large infants becoming stuck in the birth canal.

Go to [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org) to view GDM Draft recommendations.



## TYPE 1 DIABETES NETWORK EXPANDS REACH WITH NEW ONLINE SIGN-UP AND NATIONWIDE TESTING

*Printed in part from an NIH press release*

**People with a family history of type 1 diabetes can now conveniently participate in a free screening to help find ways to delay or prevent the disease, even if they live far from a study site. This alternative to site-based initial screening comes as modern technology enables more secure online registration for medical research.**

The screening, consisting of a questionnaire and blood test, is for Type 1 Diabetes TrialNet, a National Institutes of Health-funded long-term international collaboration. The collaboration is aimed at discovering ways to delay or prevent type 1 diabetes in people at increased risk.

Previously, relatives needed to visit a study site or attend a screening event. But now, after answering a few questions online at [www.diabetestrialnet.org](http://www.diabetestrialnet.org), eligible volunteers will receive a kit and be directed to a local lab for screening at no cost to the volunteer.

People who have antibodies associated with the development of type 1 diabetes will be contacted by a TrialNet center to review the results. They may be invited to have more blood tests at a study center, and may be invited to join a study aimed at preventing or delaying the disease. Children under 18 years old who do not have the antibodies can be retested annually to see if their risk has changed. Of every 100 people tested, typically only 3 or 4 will have antibodies showing an increased risk for type 1 diabetes.

Launched in 2001, TrialNet has demonstrated that two drugs, Rituximab and Abatacept, slow the loss of insulin production in people with new-onset type 1 diabetes. This finding could improve diabetes control and delay complications. TrialNet has also contributed to research showing that anti-CD3, an immunosuppressive drug, can slow loss of insulin production. Three prevention studies are ongoing.

Does someone in your family  
have type 1 diabetes?



Find out if others in your family might develop it  
**Get Screened >**

## GOVERNOR BESHEAR LAUNCHES KYNECT: KENTUCKY'S HEALTHCARE CONNECTION

*Printed in part from a state press release*

Governor Steve Beshear recently announced the launch of public education and awareness efforts for the state's health benefit exchange, called kynect: Kentucky's Healthcare Connection — [kynect.ky.gov](http://kynect.ky.gov).

The program is expected to help more than 600,000 uninsured Kentuckians get coverage through private insurance plans, Medicaid and the Kentucky Children's Health Insurance Program (KCHIP).

Individuals, families and small businesses will be able to use kynect for one-stop shopping to find health coverage and determine if they are eligible for payment assistance or tax credits to help cover costs.

Open enrollment for individuals seeking to purchase insurance through kynect begins Oct. 1 and runs through March 31, 2014, with coverage beginning as soon as Jan. 1, 2014. Open enrollment for small businesses also begins Oct. 1, but businesses with fewer than 50 employees will be able to choose to enroll employees in plans offered through kynect at any point after that date.

During open enrollment, Kentuckians will be able to compare and select health insurance plans and discover if they qualify for programs like Medicaid and KCHIP by using the kynect website, a toll-free contact center, a mail-in application, or in person.

With kynect, individuals will find out if they qualify for payment assistance and special discounts on deductibles, copays and co-insurance. Small businesses will be able to use kynect to enroll their employees in health plans, and businesses with fewer than 25 employees may qualify for tax credits by using kynect.

The Kentucky Office of the Health Benefit Exchange (KHBE) within the Cabinet for Health and Family Services (CHFS) will oversee the operations of kynect. The KHBE was created by an executive order Governor Beshear issued in July 2012, as part of the Affordable Care Act's (ACA) requirement for a health benefits exchange to be active in each state by the end of this year. KHBE currently is funded through federal grants, and is required to be self-sustaining by 2015.

Through kynect, all Kentuckians will have access to:

- No one can be denied coverage due to a pre-existing health condition or lose coverage because a family member gets sick;
- Insurance companies will be prohibited from charging women more than men for the same coverage; and
- Children will be allowed to stay on their parents' health insurance plan until they reach the age of 26.

## NEW DIABETES MATERIALS AVAILABLE

***Be Active When You Have Diabetes*** — a new booklet and instructor's guide, helps people with diabetes learn about the health benefits of being physically active and ways to increase their activity level. The booklet, written at a second- to third-grade reading level, contains tools to help consumers create and manage a physical activity plan, record target goals, and track their activities.

***Be Active When You Have Diabetes: A Guide for Instructors*** — is the companion instructor's guide developed for use in one-on-one or small group patient education. The flipbook provides color illustrations and simple teaching points on the corresponding instructor pages. The booklet and instructor's guide, from the National Institute of Diabetes and Digestive and Kidney Diseases' (NIDDK's) National Diabetes Information Clearinghouse (NDIC), include a list of resources from the NDIC, the National Diabetes Education Program, the NIDDK Weight-control Information Network, and the National Institute on Aging.



## NEW CHIEF MEDICAL OFFICER JOINS KENTUCKY MEDICAID

The Cabinet for Health and Family Services (CHFS) recently announced that Dr. John Langefeld has joined the Department for Medicaid Services as chief medical officer. He began work on June 1.

Dr. Langefeld is a Lexington resident and graduate of the University of Louisville School of Medicine. He has extensive health care experience in clinical care, provider management, managed care, large employer-sponsored benefit programs, worker's compensation / disability, and data analytics and information management.

He comes to the Cabinet from his position as chief medical officer for Artemetrx, a Tennessee-based company with an office in Lexington that specializes in how data analysis can aid in clinical outcomes.

Prior to Artemetrx, Dr. Langefeld was the medical director and vice president of healthcare management for Bluegrass Family Health in Lexington. A Kentucky native, Dr. Langefeld completed his undergraduate work at Berea College, a family practice residency at St. Elizabeth Medical Center and served as an assistant professor at the University of Kentucky Medical Center. He currently also serves as an instructor in family and geriatric medicine at the University of Louisville School of Medicine.

To learn more about KY Medicaid, visit <http://chfs.ky.gov/dms>.

## FDA Commissioner: Final Menu Labeling Rules Coming Soon



During a recent hearing held by the Senate Appropriations Committee, the Food and Drug Administration Commissioner Margaret Hamburg said a final rule for menu and vending labeling is likely coming by the end of 2013, if not sooner. The proposed rule, <http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm248731.htm> will require calorie information at point of purchase in chains of 20 or more restaurants or vending machines, was issued in April of 2011 following the enactment of the Affordable Care Act.



Training News



**Diabetes Prevention Program Lifestyle Coaches Training**  
**Emory University in Atlanta, Georgia**  
**September 19-20, 2013**

**These interactive 2-day trainings, led by an experienced DTTAC Master Trainer, will train Lifestyle Coaches with the skills, knowledge and experience to successfully facilitate the Diabetes Prevention Program (DPP).**

**For more information email: [dttac@emory.edu](mailto:dttac@emory.edu)**



## 7TH ANNUAL HEALTH EXPO IN SOMERSET A BIG SUCCESS *STEP RIGHT UP TO GOOD HEALTH*

Over 600 people enjoyed the county fair themed “*Step Right Up to Good Health*” during the 7<sup>th</sup> annual Somerset Health Expo held May 3, 2013 in Somerset, Kentucky. Participants had the opportunity to visit 76 exhibits to learn important ways to prevent and manage diabetes, as well as ways to simply live healthier. Attendees were able to get “physically involved” and try their hand at pig calling, square dancing, and even country line dancing!



*The 7th annual Somerset Health Expo is coordinated by the Lake Cumberland District Health Department Diabetes Education Program pictured left to right: Destiny Greer, RN, CDE, LaCosta Carver, RN, BSN, Coordinator Jamie Lee, RN, CDE, and Leslie Coffey, RN, CDE.*



*Attendees of the 7th Annual Somerset Health Expo have fun and get active by line dancing.*

*Kim Foley with the Lake Cumberland Area Development District is pictured with the Lovejoy Medical Pig!*



## MADISON COUNTY DIABETES COALITION RAISES OVER \$11,000 FOR PATIENT ASSISTANCE PROGRAM

The Madison County Diabetes Coalition (MCDC) held its second annual “Pack the Track” event on April 18th and raised over \$11,000 for a patient assistance program. Over 700 people attended the event provided by MCDC in cooperation with Model and Waco Schools, ECU Baccalaureate and Graduate Nursing, Healthy You at ECU, ECU Small Steps, Big Rewards, Baptist Health Richmond, First Gear, and Lexington Clinic Richmond. Special thanks goes to the ECU baccalaureate students and their instructor, Melanie Adams-Johnson for making this year’s “Pack the Track” event truly a Diabetes Prevention and Awareness activity.



*While most of the volunteers walked, some chose to jog, like Taylor Long, a third-grade student at Waco Elementary School.*



*Over 700 runners and walkers participated in the second annual “Pack the Track for Diabetes Awareness” event held in Richmond on April 18th.*



*Photos courtesy of Crystal Wylie and the Richmond Register*

# COMPASSION IN HEALTHCARE: *SUPPORT FOR MEDICAL PROFESSIONALS*



*Teresa McGeeney*

*Submitted by Teresa McGeeney, Project Manager, KIPDA Rural Diabetes Coalition*

The KIPDA Rural Diabetes Coalition (KRDC) and the University of Louisville sponsored its first continuing education event for health professionals on Thursday, May 16<sup>th</sup> in Shepherdsville. Dr. Robin

Youngson, an anesthesiologist from New Zealand, was the keynote speaker. His presentation focused on the importance of compassion in healthcare, the scientific evidence for the clinical and medical benefits of compassionate care, and how to live and work with compassion.

Following his presentation, Dr. Youngson and local experts on diabetes participated in a panel discussion on how to apply compassionate care to the treatment of diabetes in Kentucky. The panelists included Dr. Lal Tanwani, an endocrinologist; Marcia Jett, a nurse practitioner and certified diabetes educator; Cynthia Brown, a licensed practical nurse and certified health education specialist; and Reverend Earl Higgins, a pastor at Second Baptist Church in Campbellsburg (*Second Baptist Church has implemented a faith-based diabetes education program*).

From all of the unique perspectives presented on the

panel and in the audience — came a clear vision of what is needed in diabetes care — compassion, community support, collaboration and patient empowerment.

KRDC and its partners offer a number of resources for health professionals who work with people aged 50 and older who have type 2 diabetes. These resources include “diabetes informational packets” for physicians, pharmacists, diabetes educators, or other health professionals to give to their patients. “Prescription” pads are also available to help providers recommend diabetes self-management education classes to their patients.

These are just a few of the ideas and resources that are a part of a successful collaboration of health professionals, people with diabetes, and many other members of the coalition. KRDC works to reduce diabetes-related disparities in Bullitt, Shelby, and Henry Counties, Kentucky.

For more information on what KRDC can offer to help you better serve your diabetes patients, or for more information about the coalition, please contact me or any of our community organizers listed below.



*Dr. Robin Youngson, Anesthesiologist, was the featured presenter at the first KRDC continuing education event for professionals.*

Project Manager: Teresa McGeeney - [teresa.mcgeeney@ky.gov](mailto:teresa.mcgeeney@ky.gov), 502-266-5571  
Bullitt County Community Organizer: Jessica Craddock – [jesscraddockbc@gmail.com](mailto:jesscraddockbc@gmail.com), 502-930-2499  
Shelby County Community Organizer: Elaina Burks – [shelbykipda@insightbb.com](mailto:shelbykipda@insightbb.com), 502-417-8600  
Henry County Community Organizer: Mona Huff – [monahuff.henrykipda@gmail.com](mailto:monahuff.henrykipda@gmail.com), 502-845-6849

*This article and event were supported by the Cooperative Agreement Number 1U58DP002815-03 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.*



KIPDA Rural Diabetes Coalition  
*Diabetes has no boundaries*

In collaboration with the University of Louisville  
Funding provided by the Centers for Disease Control and Prevention



# KENTUCKY SITES TO RECEIVE FUNDING



*Printed in part from Health and Human Services (HHS) May, 2013 Press Release*

Health and Human Services Secretary Kathleen Sebelius announced in May that new funding to help more uninsured Americans enroll in new health insurance coverage is being made available by the Affordable Care Act. Approximately \$150 million will help community health centers provide in-person enrollment assistance to uninsured individuals across the nation. About 1,200 health centers operate nearly 9,000 service delivery sites nationwide and serve approximately 21 million patients each year.

For Kentucky that means 21 sites will receive a total of \$2,395,635 (see chart for the KY sites).

With these new funds, health centers will be able to hire new staff, train existing staff, and conduct community outreach events and other educational activities. Health centers will help consumers understand their coverage options, determine their eligibility and enroll in new affordable health insurance options.

Community health center staff will provide unbiased information to consumers about health insurance, the new Health Insurance Marketplace, qualified health plans, Medicaid, and the Children's Health Insurance Program.

This funding opportunity was issued by the Health Resources and Services Administration (HRSA), and it complements and aligns with other federal efforts, such as the Centers for Medicare & Medicaid Service funded navigator program.

For a list of health centers eligible to apply for this funding visit <http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/>.

All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

## Kentucky Sites To Receive 21 Awards Totaling \$2,395,635

Health Center	City
BIG SANDY HEALTH CARE, INC.	Prestonburg
COMMUNITY HEALTH CENTERS OF WESTERN KENTUCKY	Greenville
CUMBERLAND FAMILY MEDICAL CENTER	Burkesville
EASTERN KENTUCKY UNIVERSITY	Richmond
FAIRVIEW COMMUNITY HEALTH CENTER	Bowling Green
FAMILY HEALTH CENTER, INC.	Louisville
GRACE COMMUNITY HEALTH CENTER, INC.	Gray
HEALTH HELP, INC.	McKee
HEALTHPOINT FAMILY CARE	Newport
JUNIPER HEALTH, INC.	Beattyville
KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC.	Hazard
KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC.	Richmond
LEWIS COUNTY PRIMARY CARE CENTER	Vanceburg
LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT	Lexington
MOUNTAIN COMPREHENSIVE CARE CENTER, INC.	Prestonburg
MOUNTAIN COMPREHENSIVE HEALTH CORP.	Whitesburg
PARK DUVALLE COMMUNITY HEALTH CENTER, INC.	Louisville
REGIONAL HEALTH CARE AFFILIATES, INC.	Providence
STERLING HEALTH SOLUTIONS, INC.	Mount Sterling
TRIAD HEALTH SYSTEMS, INC.	Warsaw
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION	Lexington





# KENTUCKY WALKS AND EVENTS FOR DIABETES



Why do  
**YOU**  
Walk?

**Purpose:** Monies raised through Step Out will help fund research to prevent, cure and manage diabetes; deliver services and educational outreach to hundreds of communities; provide objective and credible information; and give voice to those denied their rights because of diabetes.

**Goal:** \$250,000

**Date/ Time/ Location:** October 19, 2013  
Registration 9:00 am ~ Walk begins at 10:00 am  
Great Lawn, Waterfront Park

**Media Celebrity Chair:** Doug Proffitt of WHAS-11

**Route:** Festivities include a 1 mile and 5K Walk/Run (~ 3 miles)

**This is a Family Friendly event!** Strollers are welcome. Dogs on leashes are welcome. There will be a children's area with arts & crafts, activities and mascots.

**Food:** Enjoy bagels, fruit, coffee, cold drinks and other healthy snacks in the ADA Café.

**Health and Wellness Festival:** While we pursue a cure for diabetes, we want those affected by it to live the healthiest life possible in the interim. At Step Out, we will hold a Wellness Festival with various vendors who want to help you live the best life you can – even with diabetes.

**Red Striders:** *Red Striders* are anyone who lives every day with diabetes (Type 1 or Type 2) that registers to participate. Red Striders will be recognized with a special “red” hat, complementary massages, Red Strider T-shirts, free goodies and a lot more. Please join us and be acknowledged. *You are why we walk!!*

**Register online:** [www.diabetes.org/louisvillestepout](http://www.diabetes.org/louisvillestepout)

ADA Office 161 St. Matthews Ave. #3  
Louisville, KY 40207  
502-452-6072

Daly Muller, Manager [dmuller@diabetes.org](mailto:dmuller@diabetes.org) x3307

-or-

Helen Overfield, Director [hooverfield@diabetes.org](mailto:hooverfield@diabetes.org) x3317



## Greater Louisville Walk to Cure Diabetes 8/24/13 ▪ Churchill Downs

11 AM Registration ▪ 12:30 PM Walk starts in the Infield  
Register online at [www.walk.jdrf.org](http://www.walk.jdrf.org)  
For more information, call Tara at JDRF 502-485-9397 or  
[Kentuckiana@jdrf.org](mailto:Kentuckiana@jdrf.org)

## The 2nd JDRF Big Sandy North Walk to Cure Diabetes 9/14/13

Central Park, Ashland, KY  
Registration starts 11:00 AM Walking Begins 12:30 PM  
For more information, contact Tawnia Jones (606) 833-4048 or KY Chapter Office (866) 485-9397  
[Kentuckiana@jdrf.org](mailto:Kentuckiana@jdrf.org)

## Four Rivers Walk to Cure Diabetes 9/14/13

Noble Park — Paducah, KY  
For more information, contact  
[ashleyshadoan@comcast.net](mailto:ashleyshadoan@comcast.net) or [Kentuckiana@jdrf.org](mailto:Kentuckiana@jdrf.org)

## Bluegrass Walk to Cure Diabetes 9/21/13

Whitaker Bank Ballpark — Home of the  
Lexington Legends  
For more information, contact [Kentuckiana@jdrf.org](mailto:Kentuckiana@jdrf.org).

## Cruisin' for a Cure ~ Walk to Cure Diabetes 9/28/13

Bowling Green Ballpark — Home of the Hot Rods  
Register online at [www.walk.jdrf.org](http://www.walk.jdrf.org)  
For more information, call Allison at  
JDRF at 502-485-9397 or [Kentuckiana@jdrf.org](mailto:Kentuckiana@jdrf.org)

## Big Sandy South Walk to Cure Diabetes 9/28/13

Big Sandy Community and Technical College  
Prestonsburg  
For more information, contact [Kentuckiana@jdrf.org](mailto:Kentuckiana@jdrf.org)

## Louisville Orchestra Event — Sunday 9-15-13 Norton Commons, Louisville Benefitting the JDRF Ride to Cure

Tickets are \$20 per person and the event starts at 6:00 pm  
For more information, contact: [mgault@jdrf.org](mailto:mgault@jdrf.org)  
502-485-9397 or 866-485-9397 or [Kentuckiana@jdrf.org](mailto:Kentuckiana@jdrf.org)



## 2013 Webinars

*An AADE live webinar is a knowledge based activity offering 1.5 hours CE credit. All webinars are from 1:00 - 2:30 pm EST, unless otherwise noted. Call 800-338-3633 x 100 for information.*

- 8-21-13 How to Speak to Patients Using Technology
  - 9-4-13 **Adult Immunization and Diabetes: What You Need to Know\*\***
  - 9-11-13 Diabetes Care and Emergency Preparedness
  - 9-25-13 Heart Health (supported with grant from Canola)
  - 10-2-13 Youth and Diabetes
  - 10-23-13 **Translating Research to Practice\*\***
  - 11-6-13 Dental Care and Diabetes
  - 11-20-13 GDM— After the Birth
  - 12-4-13 The Workplace and Diabetes
  - 12-11-13 Diabetes Co-Morbidities
- \*\* = Special Times



**SAVE the DATE**

## DIABETES CARE GEM: Glucose Elevation Matters

**October 2, 2013**

Johnson Hall • Deaconess Hospital  
Evansville, IN  
8:00 AM—4:00 PM

(Registration Begins at 7:30)

**Registration forms will be available soon!**

The conference will focus on the management of diabetes related complications. Registration will soon be available online at [www.deaconess.com](http://www.deaconess.com) or by mailing a completed registration form.

### Topics include:

- Insulin Pumps and CGMS
- Depression in the Diabetes Population
- Kidney Disease
- Carb Counting
- Indigent Care
- Health Literacy

# DIABETES RELATED OFFERINGS

**SAVE THE DATE!**

## Corbin Diabetes Symposium

**October 25, 2013**

**The Latest Advances in Diabetes**

**Corbin Technology Center**

*For More Information:*

**Southern KY Area  
Health Education Center**

<http://www.soahec.org/cecme.html>

**1-800-711-0291**

**SAVE THE DATE!**

## Kentucky Statewide Diabetes Symposium 2013

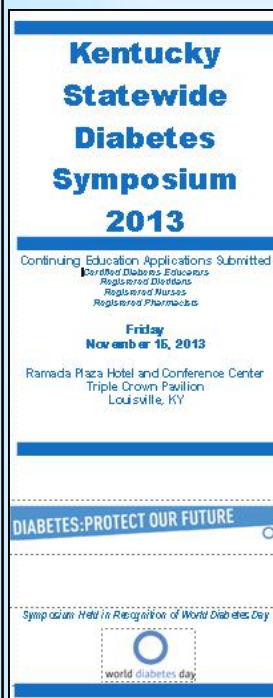
**Friday, November 15, 2013**  
**Ramada Plaza and  
Conference Center**  
**Louisville, KY**

CEU's for Nurses, Dietitians,  
Pharmacists and other Healthcare  
Professionals as well as hours for CDE

Brochures will soon be available.  
For additional information, contact:

Julie Shapero, RD, LD (859) 363-2116  
[julie.shapero@nkyhealth.org](mailto:julie.shapero@nkyhealth.org)  
Or

Janice Haile, RD, CDE  
(270) 686-7747 Ext. 3031  
[janice.haile@ky.gov](mailto:janice.haile@ky.gov)





## KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), (*covers Lexington and Central Kentucky*), meets the 3rd Tuesday of every month except summer (*time & location vary*). For a schedule or more information, go to <http://kadenet.org/> or contact: Dee Deakins [dee.deakins@uky.edu](mailto:dee.deakins@uky.edu) or Diane Ballard [dianeballard@windstream.net](mailto:dianeballard@windstream.net).

**KADE's 2013 Symposium, *Exploring Diabetes: Gestational to Geriatric***  
**Electronic Handouts Available at:**  
<http://kadenet.org/>

## KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. Membership is free. A membership form may be obtained at [www.kentuckydiabetes.net](http://www.kentuckydiabetes.net) or by calling 502-564-7996 (*ask for diabetes program*).

**2013 KDN Meeting Dates (10 am—3 pm EST)**  
**September 13, 2013 — Shelby Campus, Louisville**  
**December 6, 2013 — KY History Center, Frankfort**

## GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), (*covers Louisville and the surrounding area*), meets the second Tuesday every other month.

Registration required. For a meeting schedule or to register, contact Vanessa Paddy at 270-706-5071

[Vpaddy@hnh.net](mailto:Vpaddy@hnh.net) or Anne Ries at 502-852-0253  
[anne.ries@louisville.edu](mailto:anne.ries@louisville.edu)

**September 10, 2013 5:30 p.m.**

Baptist Hospital East, Private Dining Room  
Kupper Wintergerst, MD, UofL Pediatric Endocrinologist  
Management of Type 2 Diabetes Children  
Dinner Sponsor: Kathryn Smith BD

**November 12, 2013**

Baptist Hospital East

Speaker and Topic: To Be Announced

## DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (*covers Northern Kentucky*) invites anyone interested in diabetes to our programs. Please contact Pam Doyle at [pdovle5@its.jnj.com](mailto:pdovle5@its.jnj.com) or call 877-937-7867 X 3408. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

**Registration 5:30 PM — Speaker 6 PM**

**1 Contact Hour**

*Fee for attendees who are not members of  
National AADE*

## TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), (*covers Western KY/Southern IN/Southeastern IL*) meets quarterly from 10 am – 2:15 pm CST with complimentary lunch and continuing education. To register, call Nancy Wilson at 270-686-7747 extension 3022 or email Nancy at [nancy.wilson@grdhd.org](mailto:nancy.wilson@grdhd.org).

**Date:** Thursday, July 18, 2013  
(Special Time 9:45 am - 3:15pm)  
**Title:** Diabetes 911: Disaster Preparedness & Immunization Planning  
**Speakers:** Pam Allweiss, MD & Doug Thoroughman, PhD, MS  
**Location:** Kentucky Wesleyan College  
Winchester Campus Community Center  
300 Frederica St  
Owensboro, KY 42301

**Date:** Thursday, October 17, 2013  
**Title:** Diabetes and Pregnancy  
**Speakers:** Heather Ricketts, MD  
Second Speaker and Topic To Be Announced  
**Location:** Baptist Health Medical Associates  
(formerly Trover Clinic)  
Building B - 8<sup>th</sup> Floor  
Loman C. Trover & Faull Trover Conference Rm.  
200 Clinic Drive  
Madisonville, KY 42431

## ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email [joslin@FMHHS.com](mailto:joslin@FMHHS.com).

# Kentucky Diabetes Connection



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FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**YOU CAN TAKE CONTROL**  
YMCA Diabetes Prevention Program

For more information, please contact one of the following  
Diabetes Prevention Program Coordinators in your area:

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## Contact Information



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